

Nomination for Membership on Fermilab Community Advisory Board

- **All nominations are due no later than Monday, December 7, 2009.**
- Please complete both sides of this form and fill in all areas requested.
- Return form by email to jjackson@fnal.gov
- Or mail to Fermilab Office of Communication, P.O. Box 500, Batavia, IL 60510-5011
- Questions? Please call (630) 840 3351
- More information can be found at www.fnal.gov/pub/neighbors/

Membership of the FCAB will comprise approximately 20 local residents representing a wide range of interests and viewpoints. Members will be chosen by a steering committee of local community leaders from previous community boards.

Expectations of FCAB Members

Membership on the FCAB will be hard work. Members will be expected to attend all monthly meetings, participate in subcommittees, read materials and background information between meetings, and help to communicate issues with neighbors and others in the community. In addition, the FCAB will seek to find common ground where possible, requiring all members to approach each other with respect and all issues with an open mind. Total time commitment is expected to be approximately 8 hours per month.

Please answer each question fully and honestly. Personal questions are included to ensure that we convene a diverse and representative board. All contact and personal information will be kept confidential. If you are nominating another, please ensure that they are aware of this nomination and willing to serve if selected.

Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____

Home Address: _____

Business Address: _____

Phone(s): Land _____ Cell _____

Email: _____

Age: ☐ Under 25 ☐ 25 – 40 ☐ 41 – 56 ☐ 55 or older

Years Living in Area: ☐ Under 5 ☐ 5 – 10 ☐ 11 – 20 ☐ 21 or more

Race/ethnicity: _____

Profession/Position/Employer: _____

Please check all affiliations where you believe you would serve as an honest and appropriate representative:

<input type="checkbox"/> Close neighbor	<input type="checkbox"/> Faith community	<input type="checkbox"/> Recreational community
<input type="checkbox"/> Educator	<input type="checkbox"/> Minority community	<input type="checkbox"/> Real estate community
<input type="checkbox"/> Parent	<input type="checkbox"/> Business community	<input type="checkbox"/> Tourism community
<input type="checkbox"/> Student	<input type="checkbox"/> Science community	<input type="checkbox"/> Environmental community
<input type="checkbox"/> Retired	<input type="checkbox"/> Trade Unions	<input type="checkbox"/> Parks/open space community
<input type="checkbox"/> Local government	<input type="checkbox"/> Agriculture community	<input type="checkbox"/> Medical community

Please specify Affiliations/Relationships Relevant to Fermilab: _____

Briefly describe your relationship to and interest in Fermilab and why you want to participate in the FCAB. (200 words or less, use a separate sheet if desired)

Briefly describe why you believe that you would be a valuable member of the FCAB. (200 words or less, use a separate sheet if desired)

I represent that all information I have provided is truthful.

Printed Name

Signature

Date

If not a self-nomination, please provide contact information for the nominator:

phone_____ email_____